	TE/OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH INSTRUCTED this form.	ON GUIDE explains how to complete 1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Jeff NICKNAME LAST SUFFIX Daily	OFFICE USE ONLY Date Pecelyary RECEIVED
4 CANDIDATE / OFFICEHOLDER ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP CODE 5773 Woodway, PMB 275, Houston TX 77056	JUL 15 2003
⁵ CAMPAIGN TREASURER NAME	AI NICKNAME LAST SUFFIX Hartman	Receipt # Amount Date Processed Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	street address (no po box please): APT / SUITE #; CITY; STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 467-2222	
8 REPORTTYPE	January 15 30th day before election Runoff X July 15 8th day before election Exceeded \$500 limit	15lh day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year Month Day 2 / 1 / 2003 THROUGH 06 / 30	Year / 2003
10 ELECTION	ELECTION DAYE Month Day Year 11 / 04 / 2003 Primary Runoff X	General Special
11 OFFICE	None 12 OFFICE SOUGHT (If know Houston City Co	•
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expenditures made by others without the can Candidates are required to disclose this information only if they receive notification of the direction of	
addilional pages		
	GO TO PAGE 2	

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CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT	& TOTAL	_S		COVER SHEET PG 2
14 C/OH NAME	eff Daily			15 ACCOUNT # (Ethics Commission filers)
16 NOTICE FROM POLITICAL	I III TO THE POST III ALL	otice of political expenditure de without the candidate's or if they receive notice of suc	s by political committees to support the candi officeholder's knowledge or consent. Candida h expenditures. ••	date I officeholder These expenditures tes and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME	
additional pages		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
17 NO REPORTABLE ACTIVITY	Check here if	no reportable activity occurn	ed during this reporting period. (Sign affidavit belo	ow and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTES, LOANS, OR GUARAN	IONS OF \$50 OR LESS (OTHER THAN NTEES OF LOANS), UNLESS ITEMIZED	\$28.73
	2. TOTAL (OTHER	POLITICAL CONTRI THAN PLEDGES, LOAN	BUTIONS S, OR GUARANTEES OF LOANS)	\$ 114,603.23
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITUR	RES OF \$50 OR LESS, UNLESS ITEMIZE	\$ n/a
	4. TOTAL	POLITICAL EXPEND	ITURES	\$ 55,450.77
OUTSTANDING LOAN TOTALS	5. TOTAL P LAST DA	PRINCIPAL AMOUNT OF NY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF THE PERIOD	\$ n/a
MOTARY COM	CI SAUTURAL PUBLIC STATE OF TEXAS MISSION EXPIRES: IMBER 20, 2006		I swear, or affirm, under penalty of pels true and correct and includes all into me under Title 15, Election Code. Signature of Candida	ormation required to be reported by
AFFIX NOTARY STAMP	/ SEAL ABOVE	<i>-</i>		
Sworn to and subscribe	∞ ∩7	G	Daily hand and seal of office.	this the day
Signature of Officer adm	awtung inistering oath	l Tra	a Santural	of officer administering oath

Texas Ethics Co		, Texas 78711-207	<u>70 (512) 46</u>	
	CAL CONTRIBUTIONS R THAN PLEDGES OR LOANS	S	(FOR FOR	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages this	Schedule A1: 1 of 19
2 FILER NAM			3 ACCOUNT # (EL	hics Commission filers)
	Jeff Daily		7 Amount of	8 In-kind contribution
4 Date	5 Full name of contributor out-of-state PAC (ID#:		contribution (\$)	description (if applicable)
2/11/2003	Earl C. Lairson 6 Contributor address; City; State; Zip Code		\$100	
•				<u> </u>
9 Principal occ	upation (Optional)	10 Employer (Option	nal)	
Date	Full name of contributor ul-of-state PAC (ID#		Amount of	In-kind contribution
3/6/2003	Michelle S. Ratterman Contributor address; City; State: Zip Code		\$200	description (if applicable)
Principal occ	upation (Optional)	Employer (Option	nal)	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of	In-kind contribution
3/9/2003	Verdene Ryder Contributor address; City; State; Zip Code		\$500	description (if applicable)
Рплсіраі осс	upation (Optional)	Employer (Option	nal)	
Date	Full name of contributorout-of-state PAC (ID#:) Amount of	In-kind contribution
3/9/2003	Kyle P. Toland Contributor address; City; State; Zip Code		\$25	description (if applicable)
Principal occ	upation (Optional)	Employer (Option	nal)	
· ·				
Date 3/14/2003	Full name of contributor ul-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/14/2003	Contributor address; City; State; Zip Code		\$500	
				<u> </u>
Principal occ	supation (Optional)	Employer (Option	nal)	
If con	ATTACH ADDITIONAL COPIE tributor is out-of-state PAC, please see instri			ing requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

				oo oi no, oi no, oi no, oi no oo,
The Instructi	on GuiDE explains how to complete this form.		1 Total pages this	Schedule A1: 2 of 19
2 FILER NAM	Jeff Daily		3 ACCOUNT # (EII	hics Commission filers)
4 Date 3/17/2003	5 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Ргіпсіраі осс	upation (Optional)	10 Employer (Option	nal)	
Date 3/19/2003	Full name of contributor [_] out-of-state PAC (ID#:_ Steven J. Finkelman Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occ	upation (Optional)	Employor (Option	nal)	
Date 3/21/2003	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occ	upation (Optional)	Employer (Option	nal)	
Date 3/22/2003	Full name of contributorout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occ	upation (Optional)	Employer (Option	ial)	
Date 3/25/2003	Full name of contributor out-of-state PAC (ID#: David Moore		Amount of contribution (\$)	In-kind contribution doccription (if applicable)
	Contributor address; City; State; Zip Code		 \$50 	
Principal occ	upation (Optional)	Employer (Option	al)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC SPAC & SPAC-SSA

The Instruction	on Guide explains how to complete this form.	1	Total pages this Schedule A1:	3 of 19
2 FILER NAM	Jeff Daily	3 /	ACCOUNT # (Ethics Commission	on filers)
4 Date 3/26/2003	5 Full name of contributorout-of-state PAC (ID#: Zeb or Joan Alford			ind contribution otion (if applicable)
	6 Contributor address; City; State; Zip Code	\$25	; 	
9 Principal occu	upation (Optional)	10 Employer (Optional)		
Date 3/26/2003	Full name of contributor Loui-of-stale PAC (ID#:	con	ntribution (\$) descrip	ind contribution otion (if applicable)
	Contributor address; City; State; Zip Code	\$1	00	
Principal occi	upation (Optional)	Employer (Optional)		
Date 3/26/2003	Full name of contributor out-of-state PAC (ID#:		ntribution (\$) descrip	ind contribution tion (if applicable)
Principal occu	upation (Optional)	Employer (Optional)		
Date 3/26/2003	Full name of contributor out-of-state PAC (ID#_Verdene Ryder Contributor address, City, State, Zip Code		tribution (\$) descrip	nd contribution tion (if applicable)
Principal occu	upation (Optional)	Employer (Optional)		
Date 3/26/2003	Full name of contributor out-of-state PAC (ID#: Lori Farris Contributor address; City; State; Zip Code	con	tribution (\$) descrip	nd contribution titon (if applicable) froom and 300.
		Employer (Optional)		· · · · · · · · · · · · · · · · · · ·

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

POLITICAL CONTRIBUTIONS	
OTHER THAN PLEDGES OR LO	ANS

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS) 1 Total pages this Schedule A1: The Instruction Guide explains how to complete this form. 4 of 19 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Jeff Daily In-kind contribution 7 Amount of 8 5 Full name of contributor Date out-of-state PAC (ID#: description (if applicable) contribution (\$) 3/26/2003 D.W. Hutzelman \$150 6 Contributor address: City; State; Zip Code 10 Employer (Optional) 9 Principal occupation (Optional) In-kind contribution Full name of contributor out-of-state PAC (ID#:_ Amount of Date description (if applicable) contribution (\$) 4/3/2003 Thomas G. Whittington \$30 Contributor address; City: State: Zip Code Employer (Optional) Principal occupation (Optional) In-kind contribution Amount of Date Full name of contributor out-of-state PAC (ID#: description (if applicable) contribution (\$) 4/7/2003 Neal Meyer \$250 Contributor address; City; State; Zip Code Employer (Optional) Principal occupation (Optional) In-kind contribution Amount of Full name of contributor out-of-state PAC (ID#: description (if applicable) contribution (\$) **Bob McFarland** 4/11/2003 Contributor address; City; State; Zip Code \$100 Employer (Optional) Principal occupation (Optional) Amount of In-kind contribution Full name of contributor out-of-state PAC (ID#:____ description (if applicable) contribution (\$) 4/12//2003 Jeffrey Jones \$100 Contributor address; City; State; Zip Code

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Employer (Optional)

Principal occupation (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

			1 Total pages this S	Schedule A1:
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages the c	5 of 19
2 FILER NAM	Jeff Daily		3 ACCOUNT # (Eth	ics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	}	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1/21/2003	James E. Smith		community (4)	
.,	6 Contributor address; City; State; Zip Code		\$100	
	G Commission address, The Commission of the Comm			
9 Principal occ	upation (Optional)	10 Employer (Option	al)	
		<u> </u>		
Date	Full name of contributor) [']	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/25/2003	Austen Furse		\$ =\$\$	
	Contributor address; City; State: Zip Code		\$500	
Principal occ	supation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable
4/25/2003	Jim Post		CONTRIBUTION (4)	l describusit (ii apparati
4,20,2000	Contributor address; City; State; Zip Code		\$500	
]]
				<u></u>
Principal occ	cupation (Optional)	Employer (Option	aal)	
Date	Full name of contributor out-of-state PAC (ID#_	'	Amount of	In-kind contribution
5/1/2003	Lawrence Levy		contribution (\$)	description (if applicable
3/1/2003	Contributor address; City; State; ∠ip Code		\$250]
	Contributor address, Only, State, 129 State			
				<u> </u>
Principal oc	cupation (Optional)	Employer (Option	L nal)	<u> </u>
				In-kind contribution
Date	Full name of contributor		Amount of contribution (\$)	description (if applicable
5/6/2003	S.R. Green		0000	i
	Contributor address; City; Slate; Zip Code	***	\$200	1
				1
		Employer (Option		<u> </u>
Principal oc	cupation (Optional)	Eurbiosei (Obiioi	1417	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

rexas Ethics Co	mmission P.O. Box 12070 Austin	<u>, Texas 78711-207</u>	<u>0 (512) 46:</u>	3-58 <u>00 1-800-325-850</u> 0
	CAL CONTRIBUTIONS R THAN PLEDGES OR LOANS	S	(FOR FOR	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages this	Schedule A1: 6 of 19
2 FILER NAM	Jeff Daily		3 ACCOUNT# (Et	nics Commission filers)
4 Date 5/8/2003	5 Full name of contributor out-of-state PAC (ID# Brenda Brehm		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occ	upation (Optional)	10 Employer (Option	nai)	
Date 5/8/2003	Full name of contributor Out-of-state PAC (ID#:_Douglas R. Cannon		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City; State; Zip Code		\$250	
Principal occ	upation (Optional)	Employer (Option	nal)	
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/8/2003	Robert Claude Contributor address; City; State; Zip Code		\$250	
Principal occ	supation (Optional)	Employer (Option	nal)	
			A	In-kind contribution
Date 15/11/2003	Full name of contributor		Amount of contribution (\$)	description (if applicable)
13/11/2003	Contributor address; City; State; Zip Code		\$100	
Principal occ	cupation (Optional)	Employer (Oplio	nal)	<u> </u>
Date	Full name of contributor out-of-state PAC (ID#:_) Amount of contribution (\$)	In-kind contribution description (if applicable)
5/13/2003	Diane Krivo Contributor address; City; State; Zip Code		\$10	
				<u> </u>
Principal occ	cupation (Optional)	Employer (Optio	nal)	
If con	ATTACH ADDITIONAL COPIE stributor is out-of-state PAC, please see inst	ES OF THIS FORM ruction guide for a	AS NEEDED additional report	ting requirements.

Texas Ethics Cor		<u>, Texas 78711-207</u>	0 (512) 46	
	CAL CONTRIBUTIONS R THAN PLEDGES OR LOANS	s :		SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages this	Schedule A1: 7 of 19
2 FILER NAM	Jeff Daily		3 ACCOUNT # (Et	nics Commission filers)
4 Date 5/13/2003	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Communication address, City, Citato, Experience			
9 Principal occu	ipation (Optional)	10 Employer (Option	nal)	
Date 5/14/2003	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	upation (Optional)	Employer (Option	nel)	
Date 5/15/2003	Full name of contributor		Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Principal occu	upation (Optional)	Employer (Option	nal)	<u></u>
Date 5/15/2003	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occi	upation (Optional)	Employer (Option	lal)	, ,
Date 5/16/2003	Full name of contributor out-of-state PAC (ID#:_Hope Wilson Huffman Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occ	upation (Optional)	Employer (Option	nal)	
If cont	ATTACH ADDITIONAL COPIE			ing requirements.

Texas Ethics Cor	nmission P.O. Box 12070 Austir	ı, Texas 7871 <u>1</u> -207	0 (512) 46	3-5800 1-800-325-8506
	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	S	(FOR FOR	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruction	N GUIDE explains how to complete this form.		1 Total pages this	Schedule A1: 8 of 19
2 FILER NAME	Jeff Daily		3 ACCOUNT # (Ett	nics Commission filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/19/2003	Norman Adams		Consideration (\$)	description (in applicable)
	6 Contributor address; City; State; Zip Code	· · · · · · · · · · · · · ·	\$1,000	
İ				
9 Principal occu	pation (Optional)	10 Employer (Option	nal)	
Date	Full name of contributor)	Amount of	In-kind contribution
5/19/2003	Stephen A. Adger		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$100	
1				
		-		
Principal occu	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	in-kind contribution
5/19/2003	James A. Davidson		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$50	
			[`	
Principal occu	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor ut-of-state PAC (ID#:_	<u> </u>	Amount of	In-kind contribution
5/19/2003	Verdene Ryder		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$100	
				İ
Principal occu	pation (Optional)	Employer (Option	al)	
Date	Full name of contributorout-of-state PAC (ID#:		Amount of	In-kind contribution
5/20/2003	Annette Williams		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$25	•
			ļ — -	
			,	
Principal occu	pation (Optional)	Employer (Option	al)	
	ATTACH ADDITIONAL COPIE	S OF THIS FORM A	AS NEEDED	
If contr	ibutor is out-of-state PAC, please see instr	uction guide for a	dditional reporti	ng requirements.
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The Instructi	ION GUIDE explains how to complete this form.	1 Total pa	ages this Schedule A1: 9 of 19
2 FILER NAM	Jeff Daily	3 ACCOU	JNT # (Ethics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amour	
5/20/2003	H. Dane Grant		
	6 Contributor address; City; State; Zip Code	\$50	
			į Į
9 Principal occ	supation (Optional)	10 Employer (Optional)	
Date	Full name of contributor out-of-state PAC (ID#) Amour contributi	
5/20/2003	Herbert L. Wade		on (#)
Ti.	Contributor address; City; State; Zip Code	\$250	
Principal occ	cupation (Optional)	Employer (Optional)	J., -,
Date	Full name of contributor out-of-state PAC (IO#	Amour contributi	
5/21/2003	Jose Maria Bermudez	CONTRIBUTION	on (4)
	Contributor address; City; State; Zip Code	\$100	
			į
Principal occ	supation (Optional)	Employer (Optional)	
Date	Full name of contributor out-of-state PAC (ID#_) Amour	
5/21/2003	Chad J. Clay	contributi	on (\$) description (if applicable)
	Contributor address; City; State; Zip Code	\$500	<u> </u>
Principal occ	cupation (Optional)	Employer (Optional)	
Date	Full name of contributor out-of-state PAC (ID#:	Amour	
5/21/2003	Larry Hicks	contributi	on (\$) description (if applicable)
	Contributor address; City; State; Zip Code	\$100	
Principal occ	cupation (Optional)	Employer (Optional)	<u>l, </u>
		<u> </u>	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Co	ommission P.O. Box 12070 Austin	n, Texas 78711-207	0 (512) 46	3-5 <u>8</u> 00 1-800-325-850
	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	s	(FOR FOR	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instructi	ION GUIDE explains how to complete this form.		1 Total pages this	Schedule A1: 10 of 19
2 FILER NAM	Jeff Daily		3 ACCOUNT # (Et	hics Commission filers)
4 Date 5/21/2003	5 Full name of contributor oul-of-state PAC (ID#: Anabel Lassus)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code		\$100 •	
9 Principal occi	upation (Optional)	10 Employer (Option	nal)	
Date 5/21/2003	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occi	upation (Optional)	Employer (Option	al)	
Date 5/21/2003	Full name of contributor out-of-state PAC (ID#_Meredith Maxfield Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	upation (Optional)	Employer (Options	al)	-
Date 5/21/2003	Full name of contributorout-of-state PAC (ID#: Bernard Morello Contributor address; City; State; Zip Code		Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Principal occu	upation (Optional)	Employer (Options	al)	
Date 5/21/2003	Full name of contributor out-of-state PAC (ID#: Daniel Prosser Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	upation (Optional)	Employer (Optiona	l)	
lf conti	ATTACH ADDITIONAL COPIES	· · · · · · · · · · · · · · · · · · ·		ng requirements.

exas Ethics Co	mmission P.O. Box 12070 Aust	in, Texas 78711-207	70 (512) 46	3-5800 1-800 - 325-8	
	CAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	IS	(FOR FOR	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)	
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages this	Schedule A1: 11 of 19	
2 FILER NAM	Jeff Daily	<u>.</u>	3 ACCOUNT # (Elhics Commission filers)		
4 Date 5/21/2003	5 Full name of contributor out-of-state PAC (ID#: Donyce Rich 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
9 Principal occu	Jupation (Optional)	10 Employer (Option	l nal)	<u> </u>	
Date 5/21/2003	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occu	ipation (Optional)	⊨mployer (Option	l ial)		
Date 5/22/2003	Full name of contributor □out-of-state PAC (ID#_Charles G. Untermeyer Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occu	l pation (Optional)	Employer (Option	al)		
Date 5/23/2003	Full name of contributor out-of-state PAC (ID#:_AI Keller Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occur	pation (Optional)	Employer (Optiona	al)	<u></u>	
Date 5/24/2003	Full name of contributor		Amount of contribution (\$) \$250	In-kind contribution description (if applicable)	
Principal occup	pation (Optional)	Employer (Optiona	al)		
If contr	ATTACH ADDITIONAL COPIE ibutor is out-of-state PAC, please see instru			ng requirements.	

Texas Ethics Co	ommission P.O. Box 12070 Austin	n, Texas 78711-207	0 (512) 46	3-5800 1-800-325-85
	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	S	(FOR FOR	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruct	ом Guine explains how to complete this form.		1 Total pages this	Schedule A1: 12 of 19
2 FILER NAM	Jeff Daily		3 ACCOUNT # (Et	hics Commission filers)
4 Date 5/26/2003	5 Full name of contributorout-of-state PAC (ID#: Gregory L. Wilson)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code		\$500	 - -
Principal occ	upation (Optional)	10 Employer (Option	al)	
Date 5/27/2003	Full name of contributor out-of-state PAC (ID#:_Anastas Pass Contributor address; City; State: Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occ	upation (Optional)	Employer (Options	al)	
Date 5/28/2003	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occ	upation (Optional)	Employer (Optiona	ıl)	
Date 5/28/2003	Full name of contributor out-of-state PAC (ID#:_ W.H. Giesenschlag Contributor address; City; State; Zip Code	, , , ,	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	upation (Optional)	Employer (Optiona		
Date 5/28/2003	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	upation (Optional)	Employer (Optional	1)	
If contr	ATTACH ADDITIONAL COPIES ributor is out-of-state PAC, please see instru			ng requirements.

Total pages this	SCHEDULE A1 RMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS) Schedule A1: 13 of 19 Inics Commission filers) 8 In-kind contribution description (if applicable) Event host In-kind contribution description (if applicable)
Amount of contribution (\$) Amount of contribution (\$)	13 of 19 Ihics Commission filers) 8
Amount of contribution (\$) 949.50 Amount of contribution (\$)	8 In-kind contribution description (if applicable) Event host
949.50 Amount of contribution (\$)	description (if applicable) Event host
Amount of contribution (\$)	In-kind contribution
Amount of contribution (\$)	
contribution (\$)	
Amount of contribution (\$)	In-kind contribution description (if applicable)
	<u> </u>
Amount of sontribution (\$)	In-kind contribution description (if applicable)
Amount of ontribution (\$)	In-kind contribution description (if applicable) Event host
l	
-	Amount of politibution (\$)

Texas Ethics Co	ommission P.O. Box 12070 Aust	in, T exas 78711-207	70 (512) 46	63-5 <u>800</u> 1- <u>800-325-85</u>
1	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	IS	(FOR FOR	SCHEDULE A1 RMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC-SS)
The Instruct	TON GUIDE explains how to complete this form.		1 Total pages this	Schedule A1: 14 of 19
2 FILER NAM	Jeff Daily		3 ACCOUNT # (E	thics Commission filers)
4 Date 6/11/2003	5 Full name of contributor out-of-state PAC (ID#: Tom Rushing 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occ	upation (Optional)	10 Employer (Option	l nal)	
Date 6/13/2003	Full name of contributor out-of-state PAC (ID#:_ Willie Alexander Contributor address: City; State; Zip Code		Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occi	upation (Optional)	Employer (Option	at)	
Date 6/14/2003	Full name of contributor out-of-state PAC (ID#_Charles E. Frost Contributor address; City; State; Zip Code)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	upation (Optional)	Employer (Optiona	al)	
Date 6/18/2003	Full name of contributor out-of-state PAC (ID#:_Richard Brown Contributor address; City; State; Zip Code		Amount of contribution (\$) \$300	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optiona	el)	
Date 6/20/2003	Full name of contributor out-of-state PAC (ID#_Stephen A. Adger Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optiona	nl)	
If contr	ATTACH ADDITIONAL COPIEs			ng requirements.

Texas Ethics Co	ommission P.O. Box 12070 Austin	n, Texas 78711-207	70 (512) 46	3-5800 1-800-325-850
	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	S	(FOR FOR	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruct	ION GUIDE explains how to complete this form.		1 Total pages this	Schedule A1: 15 of 19
2 FILER NAM	Jeff Daily	-	3 ACCOUNT# (EI	hics Commission filers)
4 Date 6/24/2003	5 Full name of contributor out-of-state PAC (ID#:_ Jose Maria Bermudez	TO COMPANY OF THE PARTY OF THE	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code		\$50	
9 Principal occ	upation (Optional)	10 Employer (Option	nal)	
Date 6/24/2003	Full name of contributor out-of-state PAC (ID#_Anastas Pass Contributor address: City: State: Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occ	upation (Optional)	Employer (Option	ai)	
Date 6/24/2003	Full name of contributor	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occi	upation (Optional)	Employer (Option	al)	
Date 6/26/2003	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	upation (Optional)	Employer (Options	al)	
Date 6/28/2003	Full name of contributor out-of-state PAC (ID#: Steven J. Finkelman Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (If applicable)
Principal occu	upation (Optional)	Employer (Options	al)	
If cont	ATTACH ADDITIONAL COPIES			ng requirements.

	<u></u>	n, Texas 78711-2070	(512) 46	<u>3-5800 1-800-325-8</u>
	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	S	(FOR FOR	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruct	TION GUIDE explains how to complete this form.	1	Total pages this	Schedule A1: 16 of 19
2 FILER NAM	Jeff Daily	3	ACCOUNT # (Et	hics Commission filers)
4 Date 6/30/2003	5 Full name of contributor out-of-state PAC (ID#		Amount of ontribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code	\$2	50	
9 Principal occ	cupation (Optional)	10 Employer (Optional)		
Date 6/30/2003	Full name of contributor out-of-state PAC (ID#		Amount of ntribution (\$)	In-kind contribution description (if applicable)
0/00/2000	Contributor address: City: State: Zip Code	\$5	500	
Principal occi	upation (Optional)	Employer (Optional)		
Date 5/30/2003	Full name of contributor		Amount of Intribution (\$)	In-kind contribution description (if applicable)
Principal occu	upation (Optional)	Employer (Optional)	<u> </u>	
Date 6/30/2003	Full name of contributor Dul-of-state PAC (ID#		Amount of ntribution (\$)	In-kind contribution description (if applicable)
Principal occu	upation (Optional)	Employer (Optional)		
Date	Full name of contributor	cor	Amount of htribution (\$)	In-kind contribution description (if applicable)
5/30/2003	Contributor address; City: State; Zip Code	\$10)() 	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Employer (Optional)

Principal occupation (Optional)

	CAL CONTRIBUTIONS			SCHEDULE A1
	THAN PLEDGES OR LOANS	S	(FOR FOR	NS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The INSTRUCTIO	N GUIDE explains how to complete this form.		1 Total pages this S	Schedule A1: 18 of 19
2 FILER NAME			3 ACCOUNT # (Eth	rics Commission filers)
	Jeff Daily			
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/10/2003	Jeff Daily		Consideration (4)	description (in applicable)
	6 Contributor address; City; State; Zip Code		\$8,000	
•				
9 Principal occu	pation (Optional)	10 Employer (Optio	nal)	•
Date	Full name of contributor Out-of-state PAC (ID#:) Amount of	In-kind contribution
4/15/2003	Jeff Daily		contribution (\$)	description (if applicable)
	Contributor address; City: State: Zip Code		\$7,000	
Principal occu	pation (Optional)	Employer (Option	nal)	
Date	Full name of contributor		Amount of	In-kind contribution
5/5/2003	Jeff Daily		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$2,000	
			i	
Principal occur	pation (Optional)	Employer (Option	nal)	
· · · · · · · · · · · · · · · · · · ·				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/2/2003	Jeff Daily			
	Contributor address; City; State; Zip Code	_	\$10,000	
			į	
		Faralas as (Oation	!>	· *-
Principal occuj	pation (Optional)	Employer (Option		
Date	Full name of contributor out-of-state PAC (ID#:	· 	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/5/2003	Jeff Daily		Controducti (4)	dddinphori (ii apphoabid)
	Contributor address; City; State; Zip Code	_	\$5,000	
04-1-1-1		Employer (Ort)		
⊷nncipal occuj	pation (Optional)	Employer (Option	iai <i>)</i>	

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOANS	(FOR FO	SCHEDULE A1 DRMS C/OH, C/OH-SS, SC-C/OH SC-SPAC, SPAC, & SPAC-SS
The Instructi	ON GUIDE explains how to complete this form.	1 Total pages th	nis Schedule A1:
FILER NAM	Jeff Daily	3 ACCOUNT#	(Ethics Commission filers)
Date 5/30/2003	5 Full name of contributor □ oul-of-state PAC (ID#:	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
,	6 Contributor address; City; State; Zip Code	\$50,000	
Principal occu	upation (Optional) 10	Employer (Optional)	
Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if applicable
	Contributor address; City; State; Zip Code		
Principal occu	rpation (Optional)	Employer (Optional)	
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optional)	
Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occu	pation (Optional)	Employer (Optional)	<u>.</u>
Date	Full name of contributor □ out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
	!		I .

POLITI	CAL EXPENDITURES		SCHEDULE F
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages Schedule F: 1 of 6
2 FILER NAMI	E Jeff Daily		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/14/2003	5 Payee name Associated Republicans of Texas 6 Payee address; City; State; Zip Code 807 Brazos, Suite 601, Austin		7 Amount (\$)
8 Purpose of pay required.) Fundraise	yment (See instructions regarding type of information	9 ·· Complete if dir Candidate / Officeholder n	rect expenditure to benefit C/CH · · name Office sought Office held
Date 2/19/2003	Payee name Texas Federation of Republic Payee address; City; State; Zip Code 900 Congress Ave., Suite 300, Aust		Arnount (\$) \$200
Purpose of pay required.) Fundraiser	yment (See instructions regarding type of information	•• Complete if din Candidate / Officeholder na	rect expenditure to benefit C/OH ** ame Office sought Office held
Date 3/11/2003	Payee name Harris County Republican Party Payee address; City; State; Zip Code 3311 Richmond, Suite 218, H	ouston, TX 770	Amount (\$) \$1000
Purpose of pay required.) Club Dues	yment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/OH ·· ame Office sought Office held
Date 3/11/2003	Payee name Boldface Graphics Payee address; City; State; Zip Code 5006 Jackwood, Houston, TX	77096	Amount (\$) \$2061.95
Purpose of pay required.) Printing	yment (See Instructions regarding type of information	•• Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/OH •• ame Office sough! Office held
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NE	EDED

Texas Ethics Co	, tablin, lexa	s 78711-2070	(512)	463-5800	1-800-325-85
POLITI	CAL EXPENDITURES			SCH	EDULE F
The Instruction	ON GUIDE explains how to complete this form.		1 Total page	es Schedule F;	2 of 6
2 FILER NAM	E Jeff Daily		3 ACCOUN	T# (Ethics Comm	
4 Date	5 Payee name		<u> </u>	T	
3/11/2003	Magic Circle Republican Women's	Club		7	Amount (\$)
	6 Payee address; City; State; Zip Code 807 Brazos, Suite 601, Austi			\$60	
Purpose of pay required.)	ment (See instructions regarding type of information	9 · Complete if din Candidate / Officeholder n	rect expenditure	to benefit C/O Office sought	Cffice held
Date	Payee name				Arnoun(
3/12/2003	Mark Ellis Campaign Payee address; City; State; Zip Code 3323 Richmond, Suite #c, Houston			\$100	(\$)
Purpose of payi required.) undraiser	ment (See instructions regarding type of information	Complete if dire Candidate / Officeholder na		lo benefit C/OH	office held
Date /21/2003	Payee name The Faithful Citizenship Project Payee address; City; State; Zip Code P.O. Box 2606, Houston, TX	77252		\$100	mount (\$)
Purpose of payn required.) undraiser	nent (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder nar		o benefit C/OH ffice sought	Office held
Date /27/2003	Payee name Quan Vu Payee address; City; State; Zip Code 423 Spencer Glen Dr., Sugar I	Land, TX 77497			nount (\$)

Purpose of payment (See instructions regarding type of information required.)

Web Design

Office held

POLITI	CAL EXPENDITURES			SCHEDULE F
The Instruction	N Guide explains how to complete this form.		1 Total pages Sche	dule F: 3 of 6
2 FILER NAM	E Jeff Daily		3 ACCOUNT # (Ethics Commission filers	
4 Pate 4/8/2003	5 Payee name Andrew Kazanas 6 Payee address; City; State; Zip Code 9159 Cardwell St., Houston,	TX 77055	\$2	Amount (\$) 2,722.52
required.) Expences (HP-PD	yment (See instructions regarding type of information A \$753.41, IMS Maller \$400.29, Arcodoro event \$302.88 Freakfast Club Dues, Postage USPS, Lunches, Misc.)	9 ··· Complete if direction of Candidate / Officeholder na	act expenditure to ben ame Office s	
Date 4/16/2003	Payee name Spencer Neumann Payee address; City; State; Zip Code 1314 West Webster, Houston, TX 7	7019	\$1	Amount (\$) 1,338.09
required.)	ment (See instructions regarding type of information ees - \$8,500, brochures \$2,838.09	•• Complete if dire Candidate / Officeholder na	ct expenditure to beni rne Office so	
Date 4/29/2003	Payee name Campaign Data Systems Payee address; City; State; Zip Code 4415 Lorinda Dr., Houston, TX	X 77018	\$2	Amount (\$)
Purpose of pay required.) Data softwa	ment (See instructions regarding type of information	•• Complete if direc Candidate / Officeholder nat	ct expenditure to bene ne Office so	
Date 5/2/2003	Payee name Andrew Kazanas Payee address; City; State; Zip Code 9159 Cardwell St., Houston, T	X 77055	\$2,	Amount (\$)
Purpose of payi required.)	ment (See instructions regarding type of information	•• Complete if direc Candidate / Officeholder nan	t expenditure to bene ne Office sou	
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED	

POLITIO	CAL EXPENDITURES		(, ·	SCHEDULE F
The Instruction	พ Guide explains how to complete this form.		1 Total page	s Schedule F: 4 of 6
2 FILER NAME	Jeff Daily		3 ACCOUNT	# (Ethics Commission filers)
4 Date 5/15/2003	5 Payee name Boldface Graphics 6 Payee address; City; State; Zip Code 5006 Jackwood, Houston, T	〈 77 096		7 Amount (\$) \$714.46
8 Purpose of pay required.) Bumpersti	ment (See instructions regarding type of information	9 ·· Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office sought Office held
5/30/2003	Spencer Neumann Payee address; City; State; Zip Code 1314 West Webster, Houston, TX 7	7019		Amount (\$) \$7,254
required.)	ment (See instructions regarding type of information 2,500, door hangers \$3,435.63, postcards \$1,318.37	•• Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office sought Office held
Date 5/29/2003	Payee name Phil Owens Payee address; City; State; Zip Code 10231 Glenfield Park Ln., Hou	uston, TX 77077	,	Armount (\$) \$500
Purpose of pay required.) Sign work	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
Date 5/30/2003	Payee name Village Republican Womens Club Payee address; City, State; Zip Code 7903 Alamar, Houston, TX 77	· · · · · · · · · · · · · · · · · · ·		Amount (\$)
Purpose of pay required.) Fundraiser	ment (See instructions regarding type of information	Complete if dire Candidate / Officeholder na	•	to benefit C/OH •• Office sought Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NE	EDED	

P.O. Box 12070

POLITI	ICAL EXPENDITURES			SCHEDULE F
The Instruction Guide explains how to complete this form.			1 Total pages Schedule F: 5 of 6	
2 FILER NAM	Jeff Daily		3 ACCOUNT#	(Ethics Commission filers)
4 Date 5/30/2003	5 Payee name Daughters of Liberty Republican Wi	omens Club	1	7 Amount (\$)
	6 Payee address: City: State: Zip Code 7902 Oakington, Houston, TX			\$250
Purpose of parequired.) Ad	ayment (See instructions regarding type of information	9 · · Complete if dire Candidate / Officeholder na		benefit C/OH •• ffice sought Office held
Date	Payeename			Amount (\$)
6/1/2003	LT Communications, LLC Payee address; City; State; Zip Code 2606 Persa, Houston, TX 77098			\$3,727.87
Purpose of payment (See instructions regarding type of information required.)		•• Complete if dire		benefit C/OH ** fice sought Office held
Consulting fee	es - \$2,000, printing \$1,727.87 - Jet Setters			
Date 6/4/2003	Payee name Campaign Data Systems Payee address: City; State; Zip Code 4415 Lorinda Dr., Houston, T.	X 77018		Amount (\$)
Purpose of payment (See instructions regarding type of information required.) Data software fee		•• Complete if dire Candidale / Officeholder na		Denefit C/OH •• ice sought Office held
Date 6/4/2003	Payee name Andrew Kazanas Payee address; City; State; Zip Code 9159 Cardwell, Houston, TX 7	77055	\$	Amount (\$)
Purpose of pa required.) Consulting	yment (See instructions regarding type of information	•• Complete if direi Candidate / Officeholder nas		benefit C/OH •• ice sought Office held
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NE	EDED	

POLIT	ICAL EXPENDITURES		SCHEDULE	F
The Instructi	ON GUIDE explains how to complete this form.		1 Total pages Schedule F: 6 of 6	
2 FILER NAM	Jeff Daily		3 ACCOUNT # (Ethics Commission filers)	
6/5/2003	Cheryl Stalinsky 6 Payee address: City: State: Zip Code 32410 Watersmeet, Fulshea		7 Amount (\$) \$2500	
Purpose of payment (See instructions regarding type of information required.) Consulting fees		9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 6/6/2003	Payee name Andrew Kazanas Payee address; City; State; Zip Code 9159 Cardwell, Houston, TX 77055		\$7,090.38	
Purpose of payment (See instructions regarding type of information required.) Signs reimbursement, Sprint Digital Print, Inc.		Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 6/25/2003	Payee name LT Communications, LLC Payee address; City; State; Zip Code 2606 Persa, Houston, TX 770	98	**************************************	
required.)	byment (See instructions regarding type of information \$2,000, Printing \$1022 - Jet Setters	•• Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/OH ** ame Office sought Office he	
Date	Payee name Payee address; City; State; Zip Code		Amount (\$)	
Purpose of pay required.)	rment (See instructions regarding type of information	Complete if direction of the complete of direction of the complete of the c	ect expenditure to benefit C/OH •• ame Office sought Office het	Я
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EEDED	

=	NT FROM POLITICAL CONTE USINESS OF C/OH	RIBUTIONS		SCHEDULE H	
The Instruction Guide explains how to complete this form.			1 Total pages Schedule H: 1 of 1		
² FILER NAME Jeff Daily			3 ACCOUNT # (Ethics Commission filers)		
4 Date 4/8/2003	5 Business name Daily Instruments Corp. 6 Business address; City; State; Zip Code 5700 Hartsdale, Houston,	9 Complete	a if direct expenditure		
required.) Office / stor	rage rent & office services.	Candidate / Officehol	der name (Office sought Office held	
Date 6/2/2003	Daily Instruments Corp. Business address; City; State; Zip Code 5700 Hartsdale, Houston, TX 770	036		Amount (\$) \$1,000	
required.)	ment (See instructions regarding type of information age rent & office services.	•• Complete Candidate / Officeho	a if direct expenditure der name	to benefit C/OH Office sought Office held	
Date	Business name Business address; City; State; Zip Code			Amount (\$)	
Purpose of pay required.)	yment (See instructions regarding type of information	•• Complet Candidate / Officeho	e if direct expenditure Ider name	to benefit C/OH · · Office held	
Date	Business name Business address; City; State; Zip Code			Amount (\$)	
Purpose of pa required.)	yment (See instructions regarding type of information	•• Complet Candidate / Officeho	e if direct expenditure Ider name	to benefit C/OH ·· Office sought Office held	
	ATTACH ADDITIONAL COPIE	S OF THIS FORM	AS NEEDED		